IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

KADOWAKI et al.

Docket:

10873.1286US01

Title:

OPTICAL PICK-UP HEAD, OPTICAL INFORMATION APPARATUS, AND OPTICAL

INFORMATION REPRODUCING METHOD

CERTIFICATE UNDER 37 CFR 1.10

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Date of Deposit: August 22, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents,

P.O. Box 1450, Alexandria, VA 22313-1450.

Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- Utility Patent Application: Spec. 91 pgs; 79 claims; Abstract 1 pg. The fee has been calculated as shown below in the 'Claims as Filed' table.
- 56 sheets of formal drawings
 - Certified copy of a Japanese applications, Serial No. 2002-243059, filed August 23, 2002, Serial No. 2003-048932, filed February 26, 2003, Serial No. 2003-050846, filed February 27, 2003, Serial No. 2003-052828, filed February 28, 2003, Serial No. 2003-052829, filed February 28, 2003, the right of priority of which is claimed under 35 U.S.C. 119
 - A signed Combined Declaration and Power of Attorney
 - Assignment of the invention to MATSUSHITA ELECTRIC INDUSTRIAL CO., LTD., Recordation Form Cover Sheet
 - Please charge deposit account 13-2725 in the amount of \$4,330 to cover the Filing Fee
 - A check for \$40.00 to cover the Assignment Recording Fee.
 - Application Data Sheet, 9 pages.
 - Other: Preliminary Amendment
 - Return postcard

CLAIMS AS FILED

Number of Claims Filed		In Excess of:		Number Extra		Rate		Fee
Basic Filing Fee								\$750.00
Total Claims	$\top \top$							
124	T-1	20	=	104	х	18.00	=	\$1872.00
Independent Claims					7			
20	7-1	3	=	17	х	84.00	=	\$1428.00
MULTIPLE DEPENDENT CLAIM FEE								\$280.00
TOTAL FILING FEE								\$4,330

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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(PTO TRANSMITTAL - NEW FILING)

